

APPENDIX A-5:

Data Abstraction Tool: Appropriate DVT Prophylaxis for Cesarean Delivery (MAT-5)

INSTRUCTIONS: Hospitals must refer to the appropriate version of data dictionary for abstraction guidelines that apply to this measure. Use of ***italic and underlined font*** throughout this tool indicates updated text has been inserted. The capital letters in parenthesis represents the field name that corresponds to the data element name.

1. Provider Name (PROVNAME) _____
2. Provider ID (PROVIDER-ID) _____ (AlphaNumeric)
3. First Name (FIRST-NAME) _____
4. Last Name (LAST-NAME) _____
5. Birthdate (BIRTHDATE) ____ - ____ - ____
6. Sex (SEX) ☐ Female ☐ Male ☐ Unknown
7. Postal Code What is the postal code of the patient's residence? (POSTAL-CODE) ____
(Five or nine digits, HOMELESS, or Non-US)
8. Race Code - (MHRACE) (Select One Option)
 - ☐ R1 American Indian or Alaska Native
 - ☐ R2 Asian
 - ☐ R3 Black/African American
 - ☐ R4 Native Hawaiian or other Pacific Islander
 - ☐ R5 White
 - ☐ R9 Other Race
 - ☐ UNKNOWN Unknown/not specified
9. Ethnicity Code - (ETHNICODE) ____
(Alpha 6 characters, numeric is 5 numbers with – after 4th number)
10. Hispanic Indicator- (ETHNIC)
 - ☐ Yes
 - ☐ No
11. Hospital Bill Number (HOSPBILL#)_____
(Alpha/Numeric – field size up to 20)
12. Patient ID (i.e. Medical Record Number) (PATIENT-ID) _____ (Alpha/Numeric)
13. Admission Date (ADMIT-DATE) ____ - ____ - ____
14. Discharge Date (DISCHARGE-DATE) ____ - ____ - ____
15. What is the patient's primary source of Medicaid payment for care provided? (PMTSRCE)

<input type="checkbox"/> 103	Medicaid (includes MassHealth)	<input type="checkbox"/> 282	BMC- MassHealth CarePlus
<input type="checkbox"/> 104	Medicaid Managed Care – Primary Care Clinician (PCC) Plan	<input type="checkbox"/> 283	Fallon- MassHealth CarePlus
<input type="checkbox"/> 108	MCD Managed Care - Fallon Community Health Plan	<input type="checkbox"/> 284	NHP- MassHealth CarePlus
<input type="checkbox"/> 110	MCD Managed Care - Health New England	<input type="checkbox"/> 285	Network Health- MassHealth CarePlus
<input type="checkbox"/> 113	MCD – Neighborhood Health Plan	<input type="checkbox"/> 286	Celticare- MassHealth CarePlus
<input type="checkbox"/> 118	MCD Managed Care - Mass Behavioral Health Partnership Plan	<input type="checkbox"/> 287	MassHealth CarePlus
<input type="checkbox"/> 207/274	MCD Managed Care- Network Health (Cambridge Health Alliance)	<input type="checkbox"/> 119	Medicaid Managed Care Other
<input type="checkbox"/> 208	MCD Managed Care - HealthNet (Boston Medical Center)	<input type="checkbox"/> 178	Children's Medical Security Plan (CMSP)

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16. What is the patient's MassHealth Member ID? (MHRIDNO) _____ (alpha characters must be upper case)
17. Does this case represent part of a sample? (SAMPLE)
- ☐ Yes
 - ☐ No
18. What was the patient's discharge disposition on the day of discharge? (DISCHARGDISP) (Select One Option)
- ☐ 01 = Home
 - ☐ 02 = Hospice- Home
 - ☐ 03 = Hospice- Health Care Facility
 - ☐ 04 = Acute Care Facility
 - ☐ 05 = Other Health Care Facility
 - ☐ 06 = Expired
 - ☐ 07 = Left Against Medical Advice / AMA
 - ☐ 08 = Not Documented or Unable to Determine (UTD)
19. Was DVT Prophylaxis administered to the patient prior to Cesarean delivery? (DVTP)
(fractionated or unfractionated Heparin or heparinoid OR application of pneumatic compression devices)
- ☐ Yes
 - ☐ No